



Factsheet 44

NHS services

September 2023

About this factsheet

This factsheet contains information about NHS *primary care* services services you approach in a non-emergency situation when you first have a health problem.

It looks at services to help you identify:

if you need to see a GP

services provided by a GP and services you access via your GP

services from your local pharmacy and other healthcare professionals

how the NHS helps you manage a long-term condition that can be treated and managed but not cured

NHS screening programmes and services for older adults.

Age UK produces other factsheets on NHS services these include factsheet 5, *Dental care: NHS and private treatment*; factsheet 61, *Help with health costs* and factsheet 66, *Resolving problems and making a complaint about NHS care*.

The information in this factsheet is applicable in England. If you are in

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Cancer screening and flu vaccination programmes are examples of where there may be objective justification for the NHS to offer a service to a certain gender or people within certain age ranges.

Other situations where the Act applies to the NHS include:

When a GP, consultant or other health professional discusses treatment options with you or makes a *best interests* decision about treatment or care. Your age can play a part but staff should take account of your *biological* , not simply your *chronological* (your age in years).

If there are treatments for conditions such as cancer that are less successful or less well tolerated as people get older, the doctor should discuss this openly when explaining treatment options.

When providing NHS services or considering treatment options. An example of *unjustifiable discrimination* is someone of a particular chronological age.

You can often clarify and resolve a situation by discussing it with staff concerned. If you are unable to resolve a problem informally, the law means you can take NHS organisations, clinicians or managers to court on grounds of age discrimination. Speak to the Equality Advisory Support Service helpline if you think you have been discriminated against.

For more information, see factsheet 79, *Equality, discrimination and the Public Sector Equality Duty*.

4 Local NHS services

4.1 Primary and secondary care services

Primary care services are often your first point of contact when you need healthcare. They include services available

5 Non-GP services to help if you are unwell

5.1 Getting help when feeling unwell

It is not always necessary to contact your GP practice when you feel unwell. Other services can help you decide whether you need to see a doctor or to put your mind at rest. These include:

your local pharmacist

NHS 111

urgent treatment centre, NHS walk-in centre or minor injuries unit

Local pharmacist

Pharmacies can help with sore throats, colds, and other aches and pains by suggesting non-prescription medicines to ease symptoms and advise whether you need to see a doctor. As experts on medicines, they can answer questions about non-prescription remedies you want to buy or prescription items you take.

To find out about your nearest late-opening pharmacy, call NHS 111 or visit the NHS website at www.nhs.uk/service-search

NHS 111

NHS 111 is a confidential, free 24-hour telephone line and online service operating in England. It provides a single point of access if you are worried about an urgent medical concern, a dental problem, are seeking advice in a non-life-threatening situation

Urgent treatment centres, walk-in centres and minor injury units

These are for non-life-threatening injuries. Most are GP led and usually open for at least 12 hours every day. Appointments can be booked through the NHS 111 service, through a GP referral, or as a walk-in

Identify and ask about things important to you, for example ease of parking or support for carers. Practices have a responsibility to ensure everyone who needs to use their practice can do so.

If you have difficulties getting to the practice, due to a disability or caring responsibilities, discuss these with the practice manager so they can do their best to address or resolve them.

If you are a carer, ask the practice to note this in your records. This can help your GP understand your needs better and support you and the person you care for.

The GP contract requires every patient to have a named, accountable GP who takes responsibility for co-ordinating their care. You can express a preference for who you want and practices should make reasonable efforts to accommodate you. This does not mean you will see this GP every time you visit.

New patients should be allocated an accountable GP within 21 days of registration and told at the next appropriate time. The practice should invite you for a new patient check to discuss your general health, and where necessary, offer this through a home visit.

Registering with a practice if you live in a care home

Your GP may be willing to continue to care for you if you move permanently into a local care home. Otherwise, you must register with a new practice. Each care home belongs to a Primary Care Network (PCN) and has a clinical lead responsible for *Enhanced Health in Care Homes*. Their aim is to be more proactive and increase NHS support for people living in care homes.

Ask your care home manager which GP practices are within your PCN. Residents have the same entitlement to health care as anyone else and should not be asked to pay for NHS services the GP says they need.

Out of area

GP practices are free to register patients who live outside their practice boundary. They can agree to accept your application but without any obligation to offer home visits.

You may want to consider this option if you are in relatively good health and move just outside your current practice boundary, or would like a practice close to your place of work.

Before agreeing to your request, the GP must:

be satisfied it is clinically appropriate and practical in your case, and make sure you understand the consequences of this type of registration.

The practice should explain what happens during normal hours when illness means you cannot reasonably be expected to visit the surgery.

Your practice must monitor the effectiveness of this arrangement and if your health needs change, can consider whether it would be better to register with a practice closer to home.

Practices do not have to offer out of area registration - either without home visits or with home visits when needed - so an application may be refused. It applies only to GP practices based in, and patients living in England, not in cross border situations with Scotland or Wales.

Registering as a temporary resident

If you are going to live away from your usual address for up to three months, you can apply to be a temporary resident at a local practice. They are likely to accept you unless their list is full.

If you become ill while staying with friends, approach their practice to see if they are willing to treat you. If staying in a hotel, it may have an arrangement with a local practice. Otherwise, call NHS 111.

Changing your practice

You do not need to tell your practice if you want to change or have found another one to accept you. You may wish to tell them as a courtesy. Once a new practice accepts you, your old practice transfers your medical records, including your unique 10-digit NHS number.

6.2 Arranging to see a GP

Enhanced access and out-of-hours services

GPs are required to offer bookable appointments outside of core hours, between 6:30pm and 8pm on weekdays and between 9am and 5pm on Saturdays. You may be asked to attend a different surgery to access appointments outside of core hours.

When calling your practice outside its normal hours, you are usually redirected to their out-of-hours service. For non-urgent care, use the NHS 111 online tool or call for advice.

Making an appointment

GPs have a duty of care to ensure they offer services in a manner and time that meets your clinical needs. Depending on your needs and circumstances, you may be offered a consultation in person or remotely, via telephone or video-link. If you are offered a remote consultation, but would prefer to be seen in person, discuss this with your GP or practice manager.

Healthwatch have some tips to help you prepare for a video consultation, see www.healthwatch.co.uk/advice-and-information/2020-07-28/getting-most-out-virtual-health-and-care-experience

Home visits

The practice leaflet or website should explain the criteria for home visits.

While having a general policy, staff should make decisions on a case-by-case basis, based on clinical need. Give a full description of your condition when phoning to help the doctor decide if you need a home visit.

Making the most of your appointment

A typical appointment slot is 10 minutes. If you have complex or multiple issues to discuss, ask f

6.3 Removing a patient from the practice list

A practice can make a written request to NHS England for you to be removed from their list. This happens if you tell them you are moving outside the practice boundary or relocating abroad. It can happen if the practice believes your behaviour towards staff or other patients is unacceptable or your relationship with it has irrevocably broken down.

If the practice intends to request to remove you from their list, it must have given you a written warning in the previous twelve months prior to requesting your removal. This does not apply if you were violent, threatened staff or other patients, and the police were

Continence services. See a GP if you have bladder or bowel problems. They may decide to refer you to a district nurse or continence clinic for an assessment and to discuss treatment, or ways to manage a problem. They may decide you need pads or other products for long term management and where appropriate, include this in your care plan.

Each ICB has its own criteria for deciding when continence products are necessary, which products it prescribes, and it may limit the number of

6.8 Falls Prevention Services

If you have had a fall or start to feel unsteady, discuss this with your GP, even if you generally feel fine and were not injured by the fall. Your GP may want to check your medication or arrange tests to see if there is a medical reason to explain why you fell.

With your permission, your GP can refer you to the local falls prevention service for a falls risk assessment. These services aim to try to work out what is making you unsteady, listen to what you think the problem might be and work with you to develop a plan to help reduce your risk of falling. This includes checking your eyesight, investigating continence problems, checking your home for potential hazards, or attending exercise classes to improve strength and balance.

As well as considering your risk of further falls, your GP may review your risk of osteoporosis. This condition affects bone strength and means you can break a bone following even a minor fall. If you are at significant risk, your GP should discuss options to reduce your risk. The Royal Osteoporosis Society has information about osteoporosis. For further advice, see Age UK guide IG14, *Staying Steady*.

6.9 Social prescribing

Your GP may refer you to a *link worker* who can spend time with you looking at what is most important to you and help create a personalised care and support plan. They may connect you with local voluntary services or community initiatives to support your health and wellbeing.

Social prescribing is particularly recommended for people who have one or more health conditions, need support with their mental health, are lonely or isolated, or have complex social needs which affect their wellbeing. Referrals can be made from other agencies such as housing, emergency services and voluntary organisation1 0 0 1 389.11 341.33 Tm0 g0 G[)JT&TQq0.00000887

7.5 Shingles vaccination

Being vaccinated against shingles can reduce your *risk* of having shingles. If you subsequently have shingles, symptoms are likely to be milder and last for a shorter time. You only need to be vaccinated once and can have the vaccination at any time of the year.

Currently you are eligible for vaccination if you are aged 65-79 years, but only if you turned 65 on or after 1 September 2023, if you were 65 before this date you will need to wait until you are 70. Eligibility ceases once you reach 80, because the vaccine seems to be less effective beyond this age. You may be offered the vaccination from the age of 50 if you are severely immunosuppressed.

See www.nhs.uk/healthcare/national-treatment-recommendations/2023/09/01/shingles-vaccine

The **NHS national bowel screening programme** means if you are between the ages of 60 and 74, you are sent a home testing kit every two years. The programme is gradually being extended to include people from the age of 50

For more information, see the NHS website: www.nhs.uk/conditions/nhs-health-check/what-is-an-nhs-health-check-new/

8 Help with health costs

Each person gets fair access to care – good end of life care regardless of where someone lives or their personal circumstances

Maximising comfort and wellbeing. Care is regularly reviewed, and every effort is made to keep the person comfortable and free from distress

Care is coordinated – care at the right time from the right people

All staff are prepared to care – staff have empathy, skills and expertise

Each community is prepared to help and support one another at times of crisis and loss, and is confident to talk about living and dying well

As well as end of life care provided by the NHS, you may have needs met through social care which is means tested. If you have a rapidly deteriorating condition that may be entering a terminal phase, you could be eligible for Fast Track NHS Continuing Healthcare, see factsheet 20, *NHS Continuing Healthcare and NHS-funded nursing care*.

Choice about end of life care

Whilst you may think you would prefer to die at home, you may wish to fully consider your options. If making such a decision, talk it over with your healthcare professional and seek thoughts of people you live with.

Find out what you can expect as your illness progresses, what support is available from NHS staff to help you and informal carers during the day and at night. If you live alone, ask about 24-hour support.

Professionals caring for you should offer, or you can ask for, the opportunity to discuss your future care. This is often called **advance care planning**. You can ask your family or nominate someone else to participate and at one or over several meetings may wish to:

discuss treatment options and likely progression of your illness

express your thoughts, concerns, wishes and preferences, including where you would like to be cared for

ask about support available locally for you and family members.

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Electronic Palliative Care Co-ordination System

In some areas, there is an Electronic Palliative Care Co-ordination System. It holds care plans and end of life preferences of people with incurable or life-limiting illnesses.

Out-of-hours doctors and paramedics

Useful organisations

Bowel screening programme

Telephone 0800 707 6060 (free call)

Call if you are over 70 and would like to request a bowel screening kit.

Carers UK

Local Healthwatch

www.healthwatch.co.uk

Telephone 03000 683 000 week days 8.30am – 5.30pm

Each local authority has a Healthwatch with information on local care services. It may run or signpost to the local independent NHS

Age UK

Age UK provides advice and information for people in later life through our Age UK Advice line, publications and online. Call Age UK Advice to find out whether there is a local Age UK near you, and to order free copies of our information guides and factsheets.

Age UK Advice

www.ageuk.org.uk

